

Healthy Child Care



Spring 2001

Missouri Department of Health • www.health.state.mo.us

Volume 4, Number 1

Children's Mental Health Week Celebrates 10th Anniversary!

Children's Mental Health Week (CMHW) is celebrating its 10 year anniversary. This year's theme is "We're All in This Together." The week was created by the Missouri Statewide Parent Advisory Network (MO-SPAN), parents of children with serious emotional disorders, and the

Missouri Department of Mental Health. MO-SPAN developed the theme and an adolescent, through a statewide contest, created the poster design.



The purpose of the week is to disseminate information to communities about the needs of children with emotional and behavioral disorders and their families. A green ribbon is worn during this week to symbolize and show awareness of these children and families.

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Children's Mental Health Week is always celebrated the first full week of May. This year, the week will be celebrated from May 6th-12th. Children's Mental Health Week is celebrated across the country and we are proud to say that it originated here in the state of Missouri!

Through combined efforts, the hope is to raise public awareness about the growing number of children recognized as having emotional and behavioral disorders.

There are over a million children and adolescents in the state. The prevalence of any child emotional disorder is approximately 12 percent. In Missouri, well over 200,000 children and youth may exhibit some kind of emotional disorder. Five percent of that population may have a serious emotional disturbance. About 2 percent of that population could be anticipated as needing mental health services from the public sector. Last year, the Department of Mental Health served approximately 10,000 of those children and youth.

For more information about mental health issues, contact the Department of Mental Health at 1-800-364-9687.

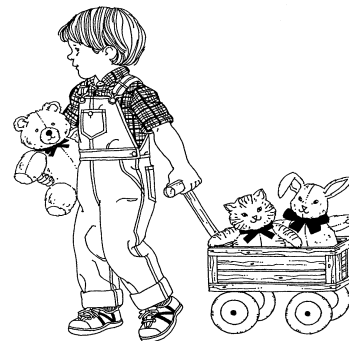


Celebrate Provider Appreciation Day

May 11, 2001 has been set aside as a day to recognize and celebrate child care providers. In 1996, a group of volunteers in New Jersey first saw the need for a day of appreciation and recognition for child care providers and initiated a pilot program within their local network. With the success of the pilot program, the group expanded the initiative to make Provider Appreciation Day a yearly event to recognize child care providers everywhere.

As we are all aware, the child care profession is one of the least recognized and lowest paid professions in the country, while early childhood is the most critical time of development for our children and our future. This national day of recognition is long overdue.

The Bureau of Child Care would like to take this opportunity to thank each of you for your important role in shaping our future by touching the lives of Missouri's children. Keep up the good work and enjoy your day !



And the Survey Said...

Thanks to all of you who responded to the survey in the last issue of the Healthy Child Care newsletter. The responses contained a number of valuable suggestions for topics you want covered in future issues of the newsletter. Be watching in future issues for articles on immunizations; choking hazards; ideas for stress management for providers; ideas for transition activities; meals in a hurry; ideas to motivate child care staff; and last but not least...head lice.

Thanks again for the input. The responses provide a valuable tool to ensure that the Bureau is being responsive to the needs of the child care community.

Partial support for this newsletter is provided by :



Forever In Your Heart

Although you're not their parent,
You care for them each day.
You cuddle, sing, and read to them
And watch them as they play.
You see each new accomplishment
You help them grow and learn
You understand their language
And you listen with concern.
They come to you for comfort
And you kiss away their tears.
They proudly show their work to you
You give the loudest cheers!
No, you are not their parent
But your role is just as strong.
You nurture them and keep them safe
Though maybe not for long.
You know someday the time will come
When you will have to part.
But you know each child you've cared for
Is forever in your heart!

Anonymous

Consumer Product Safety Commission

The United States Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. You can reach the CPSC through:

- ◆ The CPSC toll-free Hotline at (800) 638-2772 or (800) 638-8270 for the hearing and speech impaired.
- ◆ The CPSC web site address at <http://www.cpsc.gov>

How to Obtain Recall Information

The U.S. CPSC issues approximately 300 product recalls each year, including



many products found in child care settings.

Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be loaned or given to a charity, relatives, or neighbors, or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending, or selling recalled consumer

products. You can contact the CPSC to find out whether products have been recalled, and if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC to find out product information.

To receive CPSC's current recall information automatically by e-mail or fax, or in a quarterly compilation of recalls sent by regular mail, call CPSC's hotline and after the greeting, enter 140, then follow the instructions given.

Each issue of this newsletter will highlight a recalled product or a safety issue; however, it would be wise to check with the CPSC on a regular basis for more comprehensive information.

CPSC, Kolcraft Announce Recall of Tot Rider Walkers

In cooperation with the U.S. Consumer Product Safety Commission (CPSC), Kolcraft® Enterprises, Inc., of Chicago, Ill., is voluntarily recalling about 3,356 Tot Rider walkers. The cover on the walker's removable music center can break off, allowing small parts to fall from the product, creating a potential choking hazard to young children.

Kolcraft has not received any reports of injuries. This recall is being conducted to prevent the possibility of injuries.

The recalled walker was manufactured from February 2000 through August 2000 and has a model number of 14302. The model number and manufacturing date can be found on the base of the walker. "Tot Rider®," "Music Center," and "Kolcraft®" appear on the front of the walker. The music center, which is removable, has a steering wheel, gear shift, buttons, and a speaker which plays music.

Mass merchandise and juvenile products stores nationwide sold these walkers from February 2000 to January 2001 for between \$40 and \$50.

Consumers should remove the music center and call Kolcraft to receive a free replacement tray. Consumers can contact Kolcraft toll-free at (800) 453-7673 between 8 a.m. and 4:45 p.m. ET Monday through Friday.

Kolcraft® Tot Riders with model number 14303 are not recalled.

Controlling the Spread of HIV and Hepatitis

Trying to understand the difference between Hepatitis viruses can be like trying to unscramble alphabet soup. There's Hepatitis A, B, C, D, and E. Hepatitis, an inflammation of the liver, is usually caused by a viral infection. The types of hepatitis that would most likely occur in a child care setting are Hepatitis A, B, and C. This article will focus on Hepatitis B and C, and the HIV virus. Information on Hepatitis A can be found in an article on page 7.

Human immunodeficiency virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV) can all be transmitted through direct contact with blood or blood-containing body fluids. In a child care setting, the body fluids that would be of concern are:

- ✓ blood;
- ✓ any other body fluid which contains visible blood; and
- ✓ wound discharge, for example, the moist material on the surface of a skin sore.

*Body fluids such as nasal secretions, saliva, urine, and feces, unless visibly contaminated with blood, **have not** been shown to transmit HIV (but can*

transmit other infectious diseases). HBV has, on occasion, been transmitted through a human bite.

The following are recommendations to prevent transmission of bloodborne pathogens — such as HIV, HBV, and HCV — in child care facilities. These recommendations are consistent with current recommendations from the American Academy of Pediatrics for the prevention of infectious illnesses in child care settings.¹



These recommendations should be followed with all children in a child care facility, regardless of whether or not they are known to be infected with a bloodborne pathogen:

- ◆ Gloves should be worn when there is potential for contact with:

- ✓ blood,
- ✓ any other body fluid which contains visible blood, or

✓ if wound drainage is anticipated to occur, including during cleaning/removing any spills of blood or blood containing body fluids.

After gloves are removed, hands should be thoroughly washed with soap and water.

- ◆ When blood or blood-containing fluids are spilled, the contaminated surfaces should be thoroughly cleaned, then disinfected with a freshly prepared 1:10 dilution of household bleach (1 part bleach to 10 parts water). The bleach solution needs to be left on the surface for at least 30 seconds to allow it to disinfect the surface.
- ◆ In cleaning/disinfecting such surfaces, a sufficient number of disposable towels (to assure no dripping of blood) should be used, and then placed in a plastic bag and tied before disposal in the regular trash. If a mop is used, it should be rinsed in the disinfectant solution.
- ◆ To prevent skin or respiratory irritation from the bleach solution, rinse the surface thoroughly with a soap and water solution after the surface is disinfected.

- ◆ Routine diapering or wiping of noses should be followed by careful hand-washing but does not require gloves *unless* blood is visible.

Remember, handwashing is the single most effective means of preventing the transmission of disease.

- ◆ Toothbrushes should not be shared among children.

Remember:

- √ Routine infection control precautions, including those described above, should be implemented for all children in the facility.
- √ Care must be utilized in the preparation and use of bleach solutions to avoid potential injury, such as skin or respiratory inflammation, to the child and to the person preparing and using the solution, and to avoid damage to the surface being sanitized.
- √ If a child with a known bloodborne infection or any behavioral risk factors, i.e: biting, frequent scratching, generalized dermatitis, or a bleeding problem, is enrolled in a child care facility, regular assessment by the child care

facility and the health care providers should continue to be undertaken.

The Missouri Department of Health supports the use of Body Substance Precautions (BSPs). BSPs consider all body fluids potentially infectious and recommends handwashing and the use of appropriate barrier precautions, such as gloves, when appropriate. However, barrier precautions, such as gloves, are not necessary in all situations. Gloves should always be worn when there is the potential for contact with blood, any body fluid which contains visible blood, and wound discharge.

Further recommendations to prevent transmission of infectious diseases in child care facilities have been published by the American Academy of Pediatrics. ¹

Reference

1. American Academy of Pediatrics. Children in out-of-home child care. In Pickering LK, ed. *2000 Red Book: Report of the Committee on Infectious Diseases*. 25th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2000: 105-119.

Barbara Boshard
Missouri Dept. of Health
Environmental Health &
Community Disease Prevention



CACFP Training Schedule

Orientation training for the Child and Adult Care Food Program for child care centers* is held each month in the five district offices located throughout the state.

Northwestern District **Independence**

April 17, May 15, June 12, July 17

Southwestern District **Springfield**

April 17, May 15, July 17

Southeastern District **Cape Girardeau**

April 20, May 18, June 8, July 20

Central District **Jefferson City**

April 17, May 22, June 19, July 24

Eastern District **St. Louis**

April 13, May 11, June 15, July 13

*Shelter and After-school training held separately.

Call 800-733-6251 to register for a training session in your area.

Nutrition Activities ... Food, Fun & Learning

Nutrition activities make learning about foods and healthy eating habits fun. They help children form positive attitudes about food and eating; learn to eat a wide variety of foods; and establish healthful eating habits early in life. Nutrition activities help children become more familiar with foods that they might not be served on a regular basis. Familiarity is a major factor in developing food preferences and enjoying a variety of foods.

When planning nutrition activities, keep these tips in mind:

- ◆ Keep it simple.
- ◆ Match the activity to the age and ability level of the children.
- ◆ Focus on the senses: *seeing, feeling, smelling, hearing*, and of course *tasting*!
- ◆ Connect the “new” with the “familiar.” Build on what the children already know. Make comparisons such as “gasoline makes cars go” and “food makes people go.”
- ◆ Combine nutrition activities with other lessons, such as learning to count and learning letters of the alphabet.



Nutrition Activity Ideas

Guess the Mystery Food.

Place different fruits or vegetables in paper bags and have children identify the mystery food by using the sense of touch alone. Cover their eyes and have them guess by smell alone.

Tasting Party. Cut up fruits and vegetables that the children may not have tried along with some familiar ones. Taste one at a time and ask the children to describe the following:

- ◆ What does the food look like? What is its color? What shape is it?
- ◆ How does the food feel to touch? How does it feel in your mouth? Does it need a lot or little chewing?
- ◆ Does it crunch, crackle or pop, (like the cereal) when you eat it? Is it a noisy food or a quiet food?
- ◆ What does the food smell like? Does it smell good?

Is it strong, mild, or pleasant smelling?

- ◆ How does the food taste? Is it a sweet, sour, strong or mild taste?

Explain that there are many, many ways to enjoy eating. It's not just the taste! “Don't eat too fast, or you'll miss the fun!”

Picture Game: What food is this made from?

Show children pictures of foods (such as milk, corn, and apples). Then give them pictures to help them identify various forms that those foods can take (in this case, for example, cheese and yogurt, cornbread and cereal, applesauce and apple pie).

Nutrition education activities can be fun for teacher and children alike! Be creative!

A Fun Activity To Do with the Kids

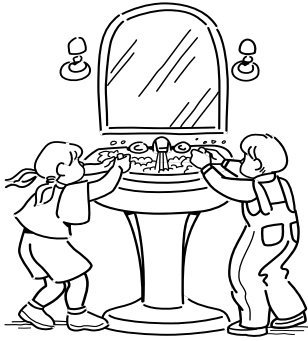
Silly Putty

You'll need:

- ✓ 1/2 cup Elmer's glue
- ✓ 1/2 cup liquid starch
- ✓ food coloring (optional)

Do not substitute any other glue for Elmer's glue. Slowly add starch to glue and knead with fingers. The more you work with it the better it gets. Add food coloring if you want.

What You Need to Know About Hepatitis A



The word hepatitis means “inflamed liver.” There are several types of hepatitis; some are not infectious, but most are – that is – they can be passed from one person to another. Type A is usually linked with food (meat, poultry, and egg products) handled by infected people.

WHAT ARE THE SYMPTOMS?

The symptoms can be mild and the sick person may think he “just has the flu.” The person might feel tired, run a fever, have stomach pain, and may not feel like eating. In a few days, the skin and eyes may appear yellow. This is called “jaundice” (JON - dis). Symptoms usually last a few weeks, but can last several months. It may take up to six months before a person feels back to normal again. Most people recover, but some people may require a liver transplant, and a very small percentage die from severe liver damage. Symptoms begin to show as early as 15 days to as late as 50 days after being exposed to the virus. The person is most infectious just before sym-

toms first appear, and up to about a week after jaundice appears. An unusual feature of this particular type of hepatitis is that a child usually has no symptoms of the virus, but the infected child can easily spread the virus to older children and adults. The older children and adults will have symptoms and can become very sick.

HOW IS IT SPREAD?

The virus is found in the stool and is usually passed through eating or drinking. Poor handwashing after toileting (and diaper changing for infants) is a major factor in the spread of this virus. Because this virus is so easily spread by food, the Centers for Disease Control and Prevention (CDC) recommend that people who have this disease do not work with food until they are completely well.

HOW CAN HEPATITIS A BE PREVENTED?

Good sanitary and personal hygiene practices can help prevent the spread of this virus. People working with food must wash their hands before beginning food preparation, after toileting, and after diaper changing. Because it is passed also from the mouth, toys should be washed, using a mild bleach solution following a regular schedule. Children must also wash their hands before eating and after

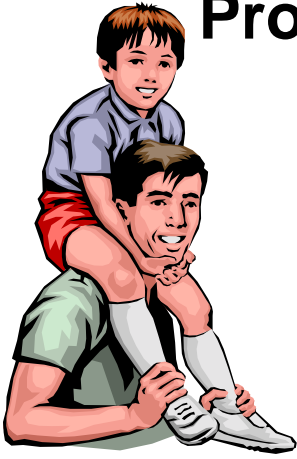
toileting. Washing hands with soap and water for 20 seconds will remove the virus as well as other dirt and bacteria. A good way to remember 20 seconds is to sing the “ABC Song.” This takes about 20 seconds and is a fun way to get children to wash their hands for the proper amount of time.

A vaccine is now available for hepatitis A. Given in two shots over six months, it provides many years immunity against hepatitis A. If a case of hepatitis occurs in the community, people are encouraged to get an immune globulin (IG) shot from the health department. This is a special shot that boosts the immune system and provides temporary immunity and protection for a short period of time. But the best defense against hepatitis A is vaccination!

Always practice and teach proper handwashing to employees, parents and children. Many infections (not just hepatitis) can be prevented by good handwashing techniques! If you think you might have hepatitis, see a doctor right away. A simple blood test can tell for sure!

Roberta Renicker RN BSN MSA
Consultant Community Health Nurse
Section of Communicable Disease
Control and Veterinary Public Health

Promoting Children's Mental Health:



A fever, diarrhea, or skin rash draws attention to a child's physical health - but what about a child's mental health? The status of a child's mental health is often more difficult to determine, and often, the importance of good mental health is forgotten until problems arise.

Children with good mental health are able to participate productively in play, group times, and other daily activities. They are able to develop and maintain positive relationships with others. They also can adapt and adjust to changes that everyday life may bring, such as a change in a planned event, a toy that breaks during play, or a change in their daily routine.

"From early childhood to death, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem," according to the National Institute on Mental Health, which emphasizes the importance of mental health.

Considering the impact of mental health on a child's functioning, it is critical for child care providers and families to be aware of the following:

- (1) suggestions to promote mental health in children,
- (2) general warning signs that may indicate a mental health concern, and
- (3) referral sources when additional resources are necessary.

Suggestions for Promoting Mental Health

- √ Be aware of the stages of child development-this will allow you to have appropriate expectations based on age and developmental level.
- √ Provide a healthy and safe environment, including updated immunizations and nutritious meals.
- √ Promote mutual trust and respect between you and all children in your care by being a good example by: using a respectful tone of voice; listening to what is important to them; communicating at their eye level; encouraging their

questions; and being available to provide comfort and assurance.

- √ Foster independence and self-worth through encouragement. Help each child realize his or her abilities.
- √ When necessary, discipline fairly and constructively, remembering that "discipline" means to teach, not to punish.

General Warning Signs

Some everyday stresses, such as the birth of a brother or sister, may cause a temporary change in a child's behavior. However, there are times when a behavior is more serious, and deserves special attention. ALWAYS keep in mind the child's developmental level and what is currently happening in the child's life. Consider the following criteria:

(1) the severity of the behavior,

(2) the persistence of the behavior (does the behavior occur through the day, across different activities, places, and people, and for several days?), and

(3) the impact on the

Providers Play An Important Role

child's daily activities
(is it difficult for the child to participate in group time, nap time, play time?).

In addition, the following are general warning signs that you will want to be aware of:

- √ Unexplained changes in appetite and sleep patterns
- √ Sadness that has no apparent cause and doesn't go away
- √ Distress; excessive crying; overreacts to situations; tearfulness
- √ Self-destructive behavior, such as head banging; biting self
- √ Social withdrawal

Possible Referral Sources

If you have observed some of the warning signs listed above, discuss your concerns with the child's family to determine if there have been any changes in family routine, circumstances, etc. It is extremely important to keep the lines of communication open so that you and the family can work together to determine how best to meet the needs of the child.

√ Contact your nearest Resource and Referral agency by calling toll free 1-800-200-9017. The Inclusion Coordinator can help you locate resources in your area and is able to provide technical assistance and support.

√ Contact your area Community Mental Health agency for information regarding services available to children and families. Look under "Mental Health Services" in your local phone book.

√ Contact the Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services at 1-800-364-9687 for further information or <http://www.modmh.state.mo.us/cps/index.html>.

√ An informative brochure is available through a website sponsored by the Federal Department of

Health and Human Services entitled: Your Child's Mental Health: What Every Family Should Know. You can access the World Wide Web at your public library. The Web address is: <http://www.mentalhealth.org/publications/allpubs/CA-0001/CA0001.htm>.

REMEMBER – information on the Internet cannot be your only source. Speak with professionals in the area of special needs and mental health regarding your concerns. They can also help you determine the reliability of different Internet sites.

Mental health is a critical component to positive life experiences and relationships. As a child care provider, you play an important role in promoting good mental health.

Article provided by:
Barbara Martin
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YWCA/Child Care R & R
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Remember: Never, Never Shake a Baby



April is Child Abuse Prevention Month, and the Children's Trust Fund has designated April 8-14 as "Never Shake a Baby" week. The public education campaign is designed to heighten the awareness of the dangers of Shaken Baby Syndrome and encourage a plan of prevention. As part of the campaign, an informational packet will be available for parents, grandparents, child care providers, family support programs, hospitals, and state agencies that work with children. **Everyone who cares for a baby needs to know about Shaken Baby Syndrome (SBS).**

It is the Children's Trust Fund's hope that the information packets will be a useful tool in continuing Shaken Baby Syndrome awareness. Hopefully, the posters, pamphlets, "Never Shake" pins and the other reproducible materials will serve as reminders that **Shaken Baby Syndrome is preventable.**

Shaken Baby Syndrome refers to the injuries or death that result from violently shaking a baby. Babies are hurt because their weak neck muscles are not strong enough to support their disproportional large head. When an infant or young child is violently shaken, the brain bounces back and forth within the skull, bruising or destroying brain tissue, tearing blood vessels and often causing retinal bleeding. This can result in brain seizures, paralysis, blindness and death.

Of the 20 child abuse fatalities in Missouri in 1999, 6 (30%) were victims of Shaken Baby Syndrome. Five were infants less than one year of age. The sixth victim was injured as an infant and died in 1999 at the age of 9. (Source: The Missouri Child Fatality Review Program Annual Report for 1999)

Shaking generally occurs when a frustrated parent or caregiver becomes overwhelmed with an inconsolable crying baby. It is alright for babies to cry if all of their needs have been met. If someone has the urge to shake a baby — **STOP!** Place the baby in a safe place, walk away, take a deep breath, count to 100, listen to soft music, take a hot shower ... do *anything* to

calm down. Remember, babies will cry and a plan is necessary. Shaken Baby Syndrome can be prevented.

Children's Trust Fund also sponsors a statewide Shaken Baby Syndrome billboard campaign that continues throughout the year. Billboard companies have generously donated billboard space along Missouri's roads to showcase the striking black and gold photo of a crying baby to help create Shaken Baby Syndrome awareness. The billboard provides an emotional, but simple message...**Never Shake a Baby.**

The Children's Trust Fund is dedicated to preventing child abuse and neglect by funding local community programs throughout Missouri that support families. Children's Trust Fund receives no general revenue funding and relies on private donations, the sale of the special "prevent child abuse" license plate, contributions from Missouri state income tax returns and other dedicated fees to provide the money to support preventative efforts.

For further information about Children's Trust Fund or to inquire about a SBS packet, please call 573-751-5147.



HEART HEALTH FOR CHILDREN...

IT'S NEVER TOO EARLY

The Bureau of Child Care recognizes that there is more to the successful operation of a child care facility than the safe guardianship of our children every day. Each facility plays a vital role in each child's development. When it comes to heart health, this is especially true. Physical and nutritional habits that begin when children are quite young can have long-term effects for them as adults.

Cardiovascular disease (CVD) is the number one cause of death in Missouri. It is the leading cause of death for men and women, and for all racial and ethnic groups. There are, of course, a great many related conditions that contribute to the possible development of CVD in any of us, including the presence of a family history of heart disease, obesity, inactivity, diabetes, high blood pressure, high cholesterol, and tobacco use. Naturally, not all of these traits or habits are the concern of children. Even so, the Missouri Cardiovascular Health Program (CVHP) understands that child care providers are in a unique position to assist in the goal of helping our children begin

and maintain healthy eating and exercise habits.

In the child care setting, there are a number of opportunities open to providers that can have a truly positive impact on the heart health of the children entrusted to their care.

One place to begin is to evaluate the food that is offered to the children. There are often lower fat alternatives to foods commonly offered. For example, whole milk can easily be replaced with 1% or even 1/2 % milk (whole milk is still recommended for children under 2 years of age). If children do not readily accept this alternative, try flavoring the lowfat milk with chocolate or strawberry flavoring. These flavorings add no additional fat.

Substitutions can also be made for cakes, cookies and brownies. Try carrot cake or banana bread with no icing, or oatmeal cookies with raisins instead of chocolate chips. Other good snack alternatives include low-fat or fat-free flavored yogurt, fresh or canned fruit, whole grain snack crackers, bagels, muffins, and pretzels. Children enjoy the different sizes, shapes, colors and textures of cut up fresh vegetables and fresh fruits.

It is also good to share information with parents so they can practice these healthy habits at home as well.

Besides food, child care providers should also consider ways in which they can get children more physically engaged. A number of activities are certainly dependent on the ages of children, but they should be focused on the goal of making exercise fun. Some possible activities include:

- ☐ Play hopscotch
- ☐ See how long children can hop on one foot
- ☐ Perform jumping jacks
- ☐ Jump rope
- ☐ Blow up balloons and play volleyball

Of course, the most important concern is that exercise is done safely and that it includes everyone. By improving the way the children eat and exercise, you are doing something good for them that can last a lifetime.

FOR MORE INFORMATION:

Bureau of Chronic Disease Control
920 Wildwood Drive
Box 570
Jefferson City, MO 65102-0570
Telephone (573) 522-2860
Fax (573) 522-2898

Don't Be Myth-Taken About Sweets

Myth: Sugar causes hyperactivity in children.

Many scientific studies have attempted to show that sugar causes or contributes to hyperactivity. **NO** cause and effect relationship has ever been shown in any controlled study.

If you thought sugar was the culprit, think about the occasions when sweets are served. Children often eat more sweets at birthday parties and holiday celebrations when the atmosphere is charged with

excitement and activities. Also, if sweets are normally withheld or restricted, the excitement of being allowed to eat them may contribute to the children's hyperactivity.

Myth: Honey is much more nutritious than white sugar.

NOT True. *Although honey contains trace amounts of nutrients not found in white sugar, the amounts are too small to be of any nutritional value. Honey contains the same two sugars (glucose and galactose) and has the*

same number of calories per teaspoon as white sugar.

Important Note! Do not give honey to infants under 1 year of age. Honey may contain botulism spores that are commonly present in dust, soil and uncooked food. The spores produce a toxin in the infant intestines that can cause infant botulism, a potentially life-threatening illness. After 1 year of age, children have developed enough beneficial bacteria in their intestines to keep the botulism spores from causing illness.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health, Bureau of Child Care, P.O. Box 570, Jefferson City, MO., 65102, 573-751-2450. EEO/AAP services provided on a nondiscriminatory basis.

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